#### Recipient Committee Campaign Statement Cover Page

Cover Page	•	LUS AN	GELES COUNT	FORM
,	Statement covers period from 01/01/2022	(Month, Day, Year)	30 PM 2: 30	Page 1 of 13 For Official Use Only  02/537
EE INSTRUCTIONS ON REVERSE	through <u>09/27/2022</u>	11/08/2022 CAPAPA	IGN FINANCE	C11837
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		,
State Candidate Election Committee Recall (Also Complete Parl 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Use Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	☐ Specia	erly Statement al Odd-Year Report
	NUMBER 452693	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Love for Saugus School Board 2022		Cassandra Love		
	•	MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COL	DE AREA CODE/PHONE
,	•	Los Angeles	CA 90071	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Los Angeles CA 9007			1	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO)	C	MAILING ADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
cassandralove@loveforsaugus.com		· ·		
. Verification				
I have used all reasonable diligence in preparing and reviewing		ıar	nd in the attached sche	edules is true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing			
Executed on 09/28/2022	Ву	er .		
Executed on 09/28/2022	By		Responsible Officer of Sponsor	
	26	OF N	esponsible Onicer of Sponsor	
Executed on	Бу	Signature of Controlling Officeholder, Candidate, State Measur	e Proponent	
Executed onDate	By	Signature of Controlling Officeholder, Candidate, State Measur	re Proponent	
		- -	EPPC Advice: advi-	FPPC Form 460 (Jan/2016))

CALIFORNIA 460

# Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALIFORN FORM	<sup>HA</sup> 460						
Page 2	of 13						

NAME OF OFFICEHOLDER OR CANDIDATE  Cassandra Love  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Saugus Union School District Governing Board Trustee Area 1  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Los Angeles CA 90071  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.  NAME OF BALLOT MEASURE  BALLOT NO. OR LETTER JURISDICTION  General JURISDICTION  Los Angeles CA 90071  Identify the controlling officeholder, candidate, or state measure proponent, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY CONTRIBUTION OF BALLOT MEASURE  OPPORED  OPPORED  OPPORED  OPPORED  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY CONTRIBUTION OF BALLOT MEASURE	OSE , if any.
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  Saugus Union School District Governing Board Trustee Area 1  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Los Angeles CA 90071  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive  BALLOT NO. OR LETTER JURISDICTION  General Suppose Suppose Jurisdiction Suppose Supp	OSE , if any.
Saugus Union School District Governing Board Trustee Area 1  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Los Angeles CA 90071  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive  STATE ZIP  Identify the controlling officeholder, candidate, or state measure proponent, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY	OSE , if any.
Saugus Union School District Governing Board Trustee Area 1  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  Los Angeles CA 90071  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive  STATE ZIP  Identify the controlling officeholder, candidate, or state measure proponent, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY	OSE , if any.
Los Angeles CA 90071  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive   DISTRICT NO. IF ANY	,
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	,
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  OFFICE SOUGHT OR HELD  DISTRICT NO. IF ANY	,
not included in this statement that are controlled by you or are primarily formed to receive OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	
not included in this statement that are controlled by you or are primarily formed to receive OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	
contributions or make expenditures on behalf of your candidacy.	
l ·	
COMMITTEE NAME I.D. NUMBER	
7. Primarily Formed Candidate/Officeholder Committee List name	es of
NAME OF TREASURER  CONTROLLED COMMITTEE?  officeholder(s) or candidate(s) for which this committee is primarily formed.	J3 07
YES NO  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	
	SUPPORT
	OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
I I	OPPOSE
COMMITTEE NAME  I.D. NUMBER  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	OFFOSE
NAME OF OFFICEROLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
	OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE?  NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD	SUPPORT
Yes   No	OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	,
OTATE ZID CODE AREA CODE/DUONE	
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from <u>01/01/2022</u>

SEE INSTRUCTIONS ON REVERSE		throu	gh	Page 3 of 13
NAME OF FILER				I.D. NUMBER
Love for Saugus School Board 2022				1452693
Contributions Received     Schedule A, Line 3     Loans Received Schedule B, Line 3     SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2     Nonmonetary Contributions Schedule C, Line 3     TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	**Eolumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  **EON	**Example 1.5	mary for Candidates e State Primary and  7/1 to Date  \$ \frac{2989.31}{1343.81}	
Expenditures Made  6. Payments Made	\$\frac{1343.81}{0}\$ \$\frac{1343.81}{0}\$ \frac{0}{0}\$ \$\frac{1343.81}{343.81}\$	\$\frac{1343.81}{0}\$ \$\frac{1343.81}{0}\$ \frac{0}{0}\$ \$\frac{1343.81}{343.81}\$		Summary for State  ve Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$\frac{0}{2989.31} \\ \frac{0}{1343.81} \\ \frac{1645.50}{\$} \end{array} \$\$\frac{0}{800}\$	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. this is the first report being filed for this calendar year only carry over the amount from Lines 2, 7, and 9 (if any).	reported in Column B.	FPPC Form 460 (Jan/2016)
			FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

#### Schedule A **Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA 4

Statement covers period

inonotary	Commoditions Received			from <u>01/01/2022</u>		. F	ORM 460		
SEE INSTRUCTIO	DNS ON REVERSE			through <u>09/27/20</u>	22	Page	e 4 of 13		
NAME OF FILER Love for Saug	gus School Board 2022					I.D. N 14526	UMBER 93		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		S CALENDAR Y		PER ELECTION TO DATE (IF REQUIRED)
09/27/2022	Kathye Armitage Santa Clarita, CA 91390	IND COM OTH PTY	Field Organizer Christy Smith for Congress	103.09	103.09		103.09		
09/15/2022	Martha Kampbell Stevenson Ranch, CA 91381	☑ IND □ COM □ OTH □ PTY □ SCC	Political Director Christy Smith for Congress	104.12	104.12		104.12		
09/06/2022	Nicole Vizcarra . Santa Clarita, CA 91355	IND COM OTH PTY	Childcare Director Shin's Family Martial Arts	104.12	104.12		104.12		
08/24/2022	Elizabeth Jensen Santa Clarita, CA 91350	IND COM OTH PTY	Writer/Producer Self Employed	104.12	104.12		104.12		
08/23/2022	Jennifer Heinisch  Valencia CA 91354	IND COM OTH PTY	Attorney Office of the Attorney General	104.12	104.12		104.12		
			SUBTOTAL \$	5 519.57					
1. Amount re (Include al 2. Amount re 3. Total mone	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution etary contributions received this period. I and 2. Enter here and on the Summary Page, Col	ns of less than	n \$100\$ <u>669</u>		OT PT	(other H – Other Y – Politic C – Small	ual vient Committee r than PTY or SCC) (e.g., business entity)		
(vida Eines	and 2. Enter here and on the dammary rage, der	anning Ellie 1	.,	F	PPC Advice: ad		c.ca.gov (866/275-3772) www.fppc.ca.gov		

### Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 46

Statement covers period

				from 01/01/2022		F	ORM 400	J
				through <u>09/27/20</u>	)22	Page .		-
Love for Sau	gus School Board 2022				·	1,D. NO 14526	JMBER 93	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	PER ELECTION TO DATE (IF REQUIRED)	
08/27/2022	David Barlavi Valencia, CA 91354	IND COM OTH SCC	Attorney David Barlavi Law Office	1000.00	1000.00		1000.00	
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 1000	-			(Q. ) 

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee
PTY - Political Party

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule B - Part	•
Loans Received	

SEE INSTRUCTIONS ON REVERSE

Love for Saugus School Board 2022

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME OF FILER

Amounts may be rounded to whole dollars.

(a)
OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD

IF AN INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF-EMPLOYED, ENTER

NAME OF BUSINESS)

(b) AMOUNT

RECEIVED THIS

PERIOD

				SCHED	DULE B - PART 1
	fr	Statement cover rom <u>01/01/2022</u>		CALIFORN FORM	<sup>IA</sup> 460
	tł	hrough <u>09/27/2</u> 0	)22	Page 6	of <u>13</u>
				1.D. NUMBER 1452693	
(c) AMOUNT PA OR FORGIVE THIS PERIO	EN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
PAID \$ 0	-	\$ <u>800</u>	0 RATE	\$_800	\$ 800
FORGIVEN	1	11/08/22 DATE DUE	ş <u>0</u>	09/15/22 DATE INCURRED	PER ELECTION** \$ 800
PAID	1				CALENDAR YEAR
\$	-	\$	RATE	s	\$ PER ELECTION**
s	-	DATE DUE	s	DATE INCURRED	\$
PAID \$ FORGIVEN	N .	s	%	s	\$PER ELECTION**
s	-	DATE DUE	\$	DATE INCURRED	\$
0	\$	800	<b>\$</b> 0		
			(Enter (e) on Sch	nedule E, Line 3)	
\$ _	00				
\$ _0				†Contributor Codes IND – Individual COM – Recipient Co	ommittee
.NET \$	00		1		PTY or SCC) business entity)

					1 CINIOD			
Cassandra Love Los Angeles CA 90071	Attorney Dechert LLP			\$ O FORGIVEN	\$ <u>800</u>	0 RATE	\$ <u>800</u>	\$ 800 PER ELECTION**
†ZEND □ COM □ OTH □ PTY □ SCC		\$	s <u>800</u>	s <u>0</u>	11/08/22 DATE DUE	\$ <u>0</u>	DATE INCURRED	\$_800
				PAID			e	CALENDAR YEAR
			1	FORGIVEN		RATE	,	PER ELECTION**
†□IND □COM □OTH □PTY □SCC		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
				\$	\$	%	\$	\$
†   IND   COM   OTH   PTY   SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	PER ELECTION**
	s	SUBTOTALS \$	800	\$ 0	\$ 800	\$ 0		
Schedule B Summary  1. Loans received this period				\$ 800		(Enter (e) on Sche	edule E, Line 3)	
<ul> <li>(Total Column (b) plus unitemized loa</li> <li>2. Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$1</li> <li>(Include loans paid by a third party the</li> <li>3. Net change this period. (Subtract Lir Enter the net here and on the Summa</li> </ul>	100 paid or forgiven.) at are also itemized on Sche ne 2 from Line 1.)	edule A.)		NET \$ 800	be a negative number)	- II	Contributor Codes  ND Individual  COM Recipient C  (other than I  OTH Other (e.g.,  PTY Political Part  SCC Small Contri	ommittee PTY or SCC) business entity)
*Amounts forgiven or paid by another party also red if required.	nust be reported on Schedule A.				,	FPPC Advice: a	FPPC Form dvice@fppc.ca.gov	1 460 (Jan/2016)) v (866/275-3772)

Schedul	e C		Amounts may be rounded	-					SCHEDULE C	
Nonmonetary Contributions Received		to whole dollars.			Statement covers period from 01/01/2022			CALIFORNIA 460		
CEE INCTRIC	TIONS ON REVERSE				thre	ough		Page 7	of	
NAME OF FILE								I.D. NUM		
Love for Sau	igus School Board 2022							1452693		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND	ATIVE TO ATE AR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	TAL:	<b>\$</b> 0			A STATE OF THE STA	
Schedule	e C Summary						(*Co	ntributor Co	des	
	received this period – itemized nonmonetal all Schedule C subtotals.)				\$	)			nt Committee an PTY or SCC)	
2. Amount	received this period – unitemized nonmone	tary contribut	ions of less than \$100		\$ _	)	PT\	1 – Other (e. 7 – Political I	g., business entity)	
3. Total nor (Add Lin	nmonetary contributions received this period les 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	тот/	\L \$ _	)	_			
							dvice: advi		orm 460 (Jan/2016))	

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cover from 01/01/2022		CALIFORNIA 460		
	ONS ON REVERSE			through <u>09/27/202</u>	2	Page	of	
NAME OF FILER Love for Saug	gus School Board 2022					1452693		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$				
	D Summary  contributions and independent expenditures ma	de this period (Include a	all Schedule D subtotals	)		s <sup>0</sup>		
1. Itemized	ed contributions and independent expenditures	made this period of unde		<i>,</i>	***************************************	······ • <u> </u>		

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

• •						SCHEDULE E	
Schedule E	Amounts may be rounded to whole dollars.			Statement covers period CA		ALIFORNIA 460	
Payments Made				from 01/01/2022	FO	RM TOO	
SEE INSTRUCTIONS ON REVERSE			^	through <u>09/24/2022</u>	Page _	of <u>13</u>	
NAME OF FILER					I.D. NUN	MBER	
Love for Saugus School Board 2022					145269	93	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, deli	munications d appearances ses ating urvey research	s n senger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production radio candidate travel, lodging, and staff/spouse travel, lodging, and transfer between committees voter registration WEB information technology costs	uction costs d meals and meals s of the sam	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID	
UPrinting		CMP	Campaign Cards a	nd Yard Signs		438.95	
Van Nuys, CA 91406	,			·			
Registrar-Recorder/County Clerk Election Planning		FIL	Campaign Ballot S	tatement		800	
Norwalk, CA 90650							
* Payments that are contributions or Independent expenditures must also be	e summarized on Sche	dule D.		su	BTOTAL	1238.95	
Schedule E Summary							
Itemized payments made this period. (Include all Schedule)	le E subtotals.)				\$_1	238.95	
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$							
4. Total payments made this period. (Add Lines 1, 2, and 3.							
			•		FPPC	Form 460 (Jan/2016)) a.gov (866/275-3772)	

	·		SCHEDU				
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 01/01/2022	CALIFORNI FORM	46			
SEE INSTRUCTIONS ON REVERSE		through <u>09/27/2022</u>	Page	of _13			
NAME OF FILER Love for Saugus School Board 2022			I.D. NUMBER 1452693				
CODES: If one of the following codes accurately des	cribes the payment, you may enter the coo	de. Otherwise, describe the payment					

CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (in PRT print ads	ns nces arch nessenger services	herwise, describe the payment.  RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB indicate travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)			
NAME AND ADDRESS OF CREDITOR .(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	<b>5</b> 0	\$ 0	0	<b>\$</b> 0	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total uniternized as	chedule F, Column (b) sul accrued expenses under S	ototals for \$100.)	INCU	RRED TOTALS \$ _	0	
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized p	dule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTALS \$ _	0	
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	er the difference here and	l		NET \$ _	0	
			FPI		May be a negative number C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule G				SCHEDULE G
Payments Made by an Agent or Independent	nts may be rounded whole dollars.	Statement covers period CALIF	ORNIA 460	
Contractor (on Behalf of This Committee)		nom	FORM TOO	
OFF INOTRICATIONS ON DEVERSE			through <u>09/27/2022</u> Page <u>1</u>	1 of
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER			I.D. NUM	
Love for Saugus School Board 2022			145269	3
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
CODES: If one of the following codes accurately describe	s the navment	you may enter the code	Otherwise, describe the navment	
•	MBR member co		RAD radio airtime and production costs	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings a OFC office experience PET petition circ PHO phone bank POL polling and POS postage, de	nd appearances nses culating ks	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	
* Payments that are contributions or independent expenditures must also be	summarized on Sch	nedule D.		
NAME AND ADDRESS OF PAYEE OR CREDITOR		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				
				· ·
		·		
Attach additional information on appropriately labeled continu	ation sheets.	11	TOTAL*	\$ 0
* Do not transfer to any other schedule or to the Summary Page. This total m		Jount paid to the agent or		
independent contractor as reported on Schedule E.	ay not oqual tito aili	ount paid to the agont of	FPPC FPPC Advice: advice@fppc.c	Form 460 (Jan/2016))
			FFFC Advice: advice@ippc.t	www.fppc.ca.gov

Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.			Statement covers period from 01/01/2022		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through09/27/20	)22	Page 12	of 13
NAME OF FILER						·	I.D. NUMBER	
Love for Saugus School Board 2022							1452693	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT ( FORGIVENES THIS PERIOL	S BALANCE AT	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				s	s	%	\$	\$
		<u> </u>		FORGIVEN		RATE		PER ELECTION**
		\$	s	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	\$	%	s	\$
				☐ FORGIVEN		RATE		PER ELECTION**
		\$	s	s	DATE DUE	s	DATE INCURRED	s
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.		SUBTOTALS	\$0	<b>\$</b> 0	\$ 0	<b>\$</b> 0		
		····			<del></del>	(Enter (e) on		
						Schedule I, Line 3)		
Schedule H Summary					¢ 0		_	
Loans made this period  (Total Column (b) plus unitemized loan     Payments received on loans	s of less than \$100.)				0			**If Required
(Total Column (c) plus unitemized payr 3. Net change this period. (Subtract Line)	nents of less than \$100.) 2 from Line 1.)				•			
(Enter the net here and on the Summa	ry Page, Column A, Line 7.,				(May	be a negative number)		
					(May			

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule I		be rounded	SCHEDULE			
Miscellane	eous Increases to Cash to whole d	oliars.	Statement covers period from 01/01/2022	CALIFORNIA 460		
			1			
SEE INSTRUCTIO	NS ON REVERSE		through <u>09/27/2022</u>	Page 13 of 13		
NAME OF FILER	I.D. NUMBER					
Love for Saugu	s School Board 2022			1452693		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH		
	·					
			•			
Attach addit	tional information on appropriately labeled continuation sheets.		SUBTOTAL	.\$ 0		
Schedule I	Summary		. 0			
	creases to cash this period			<del>-</del> .		
2. Unitemized	I increases to cash of under \$100 this period		\$ <u>0</u>	_		
3. Total of all	interest received this period on loans made to others. (Schedule H, Colum	nn (e).)	\$ <u>0</u>	-		
4. Total misce Summary F	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here Page, Line 14.)	and on the	TOTAL \$	EDDC Form 450 (Inn /2015)		
				FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772)		